KENTUCKY TRANSPORTATION CABINET Division of Motor Carriers P.O. Box 2007 Frankfort, Kentucky 40622

APPLICATION FOR U-DRIVE-IT RENEWAL

THE UNDERSIGNED HEREBY FILES APPLICATION FOR RENEWAL OF THE FOLLOWING KENTUCKY U-DRIVE-IT PERMIT.

Applicant:		Telephone:	
Street:			
City:	State: _	Zip Code:	
	TYPE OF AUTHORITY: U-DRIVE-IT PERMIT NUMBER: ANNUAL RENEWAL FEE \$25.00 MAKE CHECK PAYABLE TO: KENT		
Please submit payme	nt with the original of this form. Keep the copy	provided for your records.	
NOTE ANY NAME A	ND/OR ADDRESS CHANGES HERE:		
Applicant:		Telephone:	
Street:			
City:	State: .	Zip Code:	
If your address chang	es during the year, it is necessary that you sul	omit such change in writing to th	is office.
This certificate shall re this certificate will be b calendar year.	main in effect until expired by law or revoked by illed at the end of each month, the fees due. This	he Transportation Cabinet. Any v certificate must be renewed on or	rehicle leased/rented under before January 1st of each
Signature:		Dat	e:

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This certificate shall r this certificate will be calendar year.	remain in effect until expired by la billed at the end of each month, t	aw or revoked by the Tran he fees due. This certifica	sportation Cabinet. Any vehicle leased/ren te must be renewed on or before January 1	ted under st of each
Signature:			Date:	